

MaineCare X-ray Referral Form

Date:		
Dear Mainely Teeth Patient,		
This document explains what you need to know happen next.	ow about the dental x-ray	s we took for you on this day and what will
Dr. Burns, Dr. Hastings, Dr.Burnacini and/or Dup care.	r. Mills will look at the x-۱	rays taken and help us decide if you need follow-
	number to the best provi	eed follow-up care. If you do, you can schedule vider to treat you. You may also choose a different up care.
If you choose to go to a different dentist and second set.	s/he wants to take a seco	ond set of x-rays, MaineCare may NOT pay for the
Thank you,		
My signature below means I have read and un	nderstand this notice.	
Member or parent /guardian	Date	
Signature		
Amber Larla	adi	
Amber Lombardi, IPDH		Date